

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

091674092

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		
3	1					
4	1					
5		1				
6	1					
7		5		1		
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TOTAL IND.	6		5			
TOTAL DEP.	2					
TOTAL CLAIMS	8		5			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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